## 2007-14 (1970-2000)									
Company   Comp	IPDR6702	04/20/2004		TDDS	NORTH CAROLINA CHECKMRITE SHMMARY DEPORT		PAGE	: 1	
Company   Comp	NON DAIL.	04/20/2004							
ACCOUNTS   CAME   CAM					FINANCIAL PAYER: NCDMH				
ACCOUNTS   CAME   CAM									
Marche   March   Mar	PROVIDER	-	HIGH DENIAL	NUMBER OF		TNC	TOTAL.		
March   Marc	NUMBER	PROVIDER NAME			DESCRIPTION				
1975   1975									
1997   150   151	3404901		21	126	DUPLICATE OF CLAIM-SYSTEM				
10   10   10   10   10   10   10   10		H/DD/SAS							
10   10   10   10   10   10   10   10									
			8599	105		26	342	6260	5918
11									
					BENEFIT PACKAGE.				
1001000   1001000   10010000   100100000   1001000000   1001000000   10010000000   10010000000   10010000000   10010000000   10010000000   100100000000		+	143	41					
1975   1099					ELIGIBILITY FILE				
1975   1099									
1975   1099	3404902	DIVID DIDGE COM	21	2121	DUPLICATE OF CLAIM-SYSTEM				
151   151									
100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND AND   100 OF SECTIONS, TOURS AND AND   100 OF SECTIONS, TOURS AND   100 OF									
100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND   100 OF SECTIONS, TOURS AND AND   100 OF SECTIONS, TOURS AND AND   100 OF SECTIONS, TOURS AND   100 OF			0500	4000					
			8599	1088		185	3967	5876	1909
1001000									
1001000		+	+						
1000000   100000000000000000000000000			5404	223					
1995   1   1995   2   1995   2   2   2   2   2   2   2   2   2					OV/PCODE/TOS/DOS/MOD				
1995   1   1995   2   1995   2   2   2   2   2   2   2   2   2		+							
1995   1   1995   2   1995   2   2   2   2   2   2   2   2   2	3404904	MESTEDN HIGHTAN	11	122	CLIENT NOT ELIGIBLE ON SERVICE				
1559   6			1						
		<u> </u>							
			8599	6		3	133	183	50
1931   2   MATTER TREATMENT   19		-							
MICHAEL DE PROPOSITION   10   10   10   10   10   10   10   1		+			MARKET A ANGEROM.				
100   10   10   10   10   10   10   1		+	8931	2	AMTNC INELIGIBLE TO RECEIVE SE				
AL RETW CTR    OR CLEAR AGE, WRAFF CID,					RVICES IN IPRS.				
AL RETW CTR    OR CLEAR AGE, WRAFF CID,									
AL RETW CTR    OR CLEAR AGE, WRAFF CID,	3404905		10	an	DIAGNOSIS OF SEPUTCE INVALID F				
	3404303		10	30					
100 OF PRICEIRING AND   100		AL HEIR CIK							
100 OF PRICEIRING AND   100									
			8599	1		0	91	123	32
404997 NUTHERFORD-POLK 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
10					BENEFII FACKAGE.				
	3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
8800 10 FURTHER PROCESSING NECESSARY, 0 945 967 2:  PLEABE CHECK FOR CLAIM ON 95170E RAYS.  STUTUME RAYS.  S599 3 DETAIL NOT COVERED BY COMBINAT  CATAMBA COUNTYN 8505 1616 CLAIM DENIED DUE TO INSUFFICE  ENTAL HEALT  S599 44 DETAIL NOT COVERED BY COMBINAT  CON FRECIPIENT, PROVIDER AND  S599 44 DETAIL NOT COVERED BY COMBINAT  S699 48 DETAIL NOT COVERED BY COMBINAT  S699 599 584 DETAIL NOT COVERED BY COMBINAT  S699 589 585 585 585 585 585 585 585 585 5									
8800 10 FURTHER PROCESSING NECESSARY, 0 945 967 2:  PLEABE CHECK FOR CLAIM ON 95170E RAYS.  STUTUME RAYS.  S599 3 DETAIL NOT COVERED BY COMBINAT  CATAMBA COUNTYN 8505 1616 CLAIM DENIED DUE TO INSUFFICE  ENTAL HEALT  S599 44 DETAIL NOT COVERED BY COMBINAT  CON FRECIPIENT, PROVIDER AND  S599 44 DETAIL NOT COVERED BY COMBINAT  S699 48 DETAIL NOT COVERED BY COMBINAT  S699 599 584 DETAIL NOT COVERED BY COMBINAT  S699 589 585 585 585 585 585 585 585 585 5									
8800 10 FURTHER PROCESSING NECESSARY, 0 945 967 2:  PLEABE CHECK FOR CLAIM ON 95170E RAYS.  STUTUME RAYS.  S599 3 DETAIL NOT COVERED BY COMBINAT  CATAMBA COUNTYN 8505 1616 CLAIM DENIED DUE TO INSUFFICE  ENTAL HEALT  S599 44 DETAIL NOT COVERED BY COMBINAT  CON FRECIPIENT, PROVIDER AND  S599 44 DETAIL NOT COVERED BY COMBINAT  S699 48 DETAIL NOT COVERED BY COMBINAT  S699 599 584 DETAIL NOT COVERED BY COMBINAT  S699 589 585 585 585 585 585 585 585 585 5			0	0					
8800 10 FURTHER PROCESSING NECESSARY, 0 945 967 2:  PLEABE CHECK FOR CLAIM ON 95170E AND 9559 3 DETAIL NOT COVERED BY COMBINAT 10 OF RECIPIENT, PROVIDER AND 9569 1616 CLAIM DENIED DUE TO INSUFFICE 10 OF RECIPIENT, PROVIDER AND 11 OF RECIPIENT OF CLAIM-SYSTEM 11 OF C			0	U		0	0	0	0
8800 10 FURTHER PROCESSING NECESSARY, 0 945 967 2:  PLEABE CHECK FOR CLAIM ON 95170E AND 9559 3 DETAIL NOT COVERED BY COMBINAT 10 OF RECIPIENT, PROVIDER AND 9569 1616 CLAIM DENIED DUE TO INSUFFICE 10 OF RECIPIENT, PROVIDER AND 11 OF RECIPIENT OF CLAIM-SYSTEM 11 OF C		-							
NT BUDGET    1980   10   FUNTHER PROCESSING NECESSARY,   0   345   967   22	3404910	PATHWAYS	8505	931					
PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  S599  3 DETAIL NOT COVERED BY COMBINAT  1 CON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  2404912 CATAMBA COUNTYM  8505  1616  CLAIM DENIED DUE TO INSUFFICE  ENTAL REALT  NT BUDGET  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  144  MECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  111  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  1113  874:  DATE  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  184  185  186  187  187  187  188  188  286  287  287  287  287  287  287  2					NT BUDGET				
PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  S599  3 DETAIL NOT COVERED BY COMBINAT  1 CON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  2404912 CATAMBA COUNTYM  8505  1616  CLAIM DENIED DUE TO INSUFFICE  ENTAL REALT  NT BUDGET  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  144  MECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  111  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  1113  874:  DATE  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  184  185  186  187  187  187  188  188  286  287  287  287  287  287  287  2									
PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  S599  3 DETAIL NOT COVERED BY COMBINAT  1 CON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  2404912 CATAMBA COUNTYM  8505  1616  CLAIM DENIED DUE TO INSUFFICE  ENTAL REALT  NT BUDGET  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  144  MECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  111  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  1113  874:  DATE  100 OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  184  185  186  187  187  187  188  188  286  287  287  287  287  287  287  2		-	8800	10	FURTHER PROCESSING NECESSARY.	_		0.00	
Separation   Sep		+	1.77	-		0	945	967	22
ION OF RECIPIENT, PROVIDER AND		1	1						
ION OF RECIPIENT, PROVIDER AND			-						
RENEFIT PACKAGE.		+	8599	3					
3404912 CATAMBA COUNTYM 8505 1616 CLAIM DENIED DUE TO INSUFFICIE  ENTAL HEALT  8599 44 DETAIL NOT COVERED BY COMBINAT  100 F RECIPIENT, PROVIDER AND  ENEMPTIF PROCEDER  143 17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  143 NECKLENBURG COM 21 756 DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE  198 2364 11113 8745  DATE  10 DATE  8599 284 DETAIL NOT COVERED BY COMBINAT  10 ON OF RECIPIENT, PROVIDER AND			1						
ENTAL REALT  NT BUDGET  10		+							
ENTAL HEALT  NT BUGGET  10 0 1 1708 2244 534  10 0 1 10N OF RECIPIENT, PROVIDER AND  10 1 10N OF RECIPIENT, PROVIDER AND  143 17 CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  140 1 1 756 DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE  198 2364 11113 8744  DATE  10 0 0 FRECIPIENT, PROVIDER AND	3404912	CATAWBA COUNTYM	8505	1616					
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17  CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  3404913  NECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  11113  874:  DATE  8599  284  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND					NT BUDGET				
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17  CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  3404913  NECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  11113  874:  DATE  8599  284  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND									
ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  143  17  CLIENT ID NUMBER NOT ON STATE  ELIGIBILITY FILE  3404913  NECKLENBURG COM  21  756  DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11  574  CLIENT NOT ELIGIBLE ON SERVICE  198  2364  11113  874:  DATE  8599  284  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND		-	8599	44	DETAIL NOT COVERED BY COMBINAT		1200	00**	
		+	1.75			20	1/08	2244	536
### ##################################		+							
### ##################################									
3404913 MECKLENBURG COM 21 756 DUPLICATE OF CLAIM-SYSTEM  ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE 198 2364 11113 874:  DATE  8599 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			143	17					
ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE 198 2364 11113 8741  DATE 199 284 DETAIL NOT COVERED BY COMBINAT 1000 F RECIPIENT, PROVIDER AND		-	1		EDIGIDIDITI FILE				
ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE 198 2364 11113 8741  DATE 199 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		+	†						
ENTAL HEALT  11 574 CLIENT NOT ELIGIBLE ON SERVICE 198 2364 11113 8749  DATE  8599 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			21	756	DUPLICATE OF CLAIM-SYSTEM				
11 574 CLIENT NOT ELIGIBLE ON SERVICE 198 2364 11113 8741  DATE 198 2364 11113 8741  B599 284 DETAIL NOT COVERED BY COMBINAT 1000 or RECIPIENT, PROVIDER AND	3404913	MECKLENBURG COM							
DATE  DATE  8599 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3404913								_
DATE  DATE  8599 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3404913								
8599 284 DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3404913		11	574	CLIENT MOT FLIGHE ON OPPUTOR				
ION OF RECIPIENT, PROVIDER AND	3404913		11	574	I .	198	2364	11113	8749
ION OF RECIPIENT, PROVIDER AND	3404913		11	574	I .	198	2364	11113	8749
	3404913		11	574	I .	198	2364	11113	8749
BENEFIT PACKAGE.	3404913				DETAIL NOT COVERED BY COMBINAT	198	2364	11113	8749
	3404913				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	198	2364	11113	8749

							TOTAL	TOTAL
ROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
UMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
404016		0000	100	NO RATE AVAILABLE ON FILE TO P				
404916	CROSSROADS BEHA	8000	126	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
	VIORAL HEAL			NICE THE CHIEF PRINTS				
		11	50	CLIENT NOT ELIGIBLE ON SERVICE	3	220	4501	4281
				DATE				
		8599	30	DETAIL NOT COVERED BY COMBINAT				
		0333	50	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
404917	CENTERPOINT HUM	8505	3453	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		11	84	CLIENT NOT ELIGIBLE ON SERVICE		3655	4159	504
				DATE		3633	4139	304
		120	50	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
104918	DOCATACHAM CO M	7001	148	EXCEEDS THE ONE PER DAY LIMITA				
	ROCKINGHAM CO M			TION				
	ENTAL HEALT							
		8505	85	CLAIM DENIED DUE TO INSUFFICIE	1	440	1768	1323
				NT BUDGET				
		11	72	CLIENT NOT ELIGIBLE ON SERVICE				
		11	72	DATE				
404919	GUILFORD CO MEN	8505	2146	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	174	FURTHER PROCESSING NECESSARY,	_			
		0000	274	PLEASE CHECK FOR CLAIM ON	5	2358	2556	198
				FUTURE RA'S.				
		8599	16	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
104920		8505	457	CLAIM DENIED DUE TO INSUFFICIE				
	ALAMANCE CASWEL L AREA MH D			NT BUDGET				
	D THURS PHI D							
		8599	118	DETAIL NOT COVERED BY COMBINAT	73	786	1347	561
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8933	69	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
			<u>                                     </u>				<u> </u>	
404921	ORANGE PERSON C	5312	599	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
	1							
	1	8505	268	CLAIM DENIED DUE TO INSUFFICIE		1004	1001	740
	1			NT BUDGET	0	1031	1771	/40
		11	44	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	1							
104922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	THE DURHAM CENT	1						
-		0	0		0	0	0	0
104923		0505	245	CLAIM DENIED DUE TO INSUFFICIE				
104923	VGFW AREA AUTHO	8505	345	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET				
	RITY			an account				
	1							
	1	11	164	CLIENT NOT ELIGIBLE ON SERVICE	0	533	1483	950
				DATE	Ü		2.00	230
		8800	14	FURTHER PROCESSING NECESSARY,				
		8800	14	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				

							TOTAL		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404924		0	0	*** NO DATA TO REPORT ***					
3404524	PIEDMONT AREA M H/DD/SAS	0		NO DATA TO REPORT					
	11/00/010								
		0	0		0	0	0	0	
3404925	SANDHILLS CENTE	8505	699	CLAIM DENIED DUE TO INSUFFICIE					
	R FOR MH/DD			NT BUDGET					
		11	50	CLIENT NOT ELIGIBLE ON SERVICE					
		11	50	DATE	0	757	766	9	
		8800	8	FURTHER PROCESSING NECESSARY,					
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.					
8404926	SOUTHEASTERN RE	8505	853	CLAIM DENIED DUE TO INSUFFICIE					
	G MENTAL HL			NT BUDGET					
		8599	78	DETAIL NOT COVERED BY COMBINAT	15	1186	3405	2219	
	1	1		ION OF RECIPIENT, PROVIDER AND	15	1186	3405	2219	
				BENEFIT PACKAGE.					
		21	78	DUPLICATE OF CLAIM-SYSTEM					
	<del>                                     </del>	<del>                                     </del>							
	1	+							
8404927	CUMBERLAND CO M	8505	2042	CLAIM DENIED DUE TO INSUFFICIE					
-	HC			NT BUDGET					
		8800	48	FURTHER PROCESSING NECESSARY,	0	2130	3118	988	
				PLEASE CHECK FOR CLAIM ON	U	2130	3110	900	
				FUTURE RA'S.					
		8000	14	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL					
				RICE THIS CLAIM DETAIL					
8404929	LEE HARNETT MH/	8505	577	CLAIM DENIED DUE TO INSUFFICIE					
	DD/SAS			NT BUDGET					
		21	100	DUPLICATE OF CLAIM-SYSTEM		733	1195	462	
					U	/33	1195	402	
		8599	39	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND					
				BENEFIT PACKAGE.					
8404930	JOHNSTON COUNTY	8505	321	CLAIM DENIED DUE TO INSUFFICIE					
	MNTL HLTHC			NT BUDGET					
	<del> </del>	8800	12	FURTHER PROCESSING NECESSARY,	4	337	340	3	
				PLEASE CHECK FOR CLAIM ON	,	337	340		
-				FUTURE RA'S.					
	1	8935	A	ASTNC INELIGIBLE TO RECEIVE SE					
	1		1	RVICES IN IPRS.					
	1								
404931	WAKE CO HUM SVC	8505	7199	CLAIM DENIED DUE TO INSUFFICIE					
	BILLING OF	-		NT BUDGET					
	1	+	1						
	1	8800	221	FURTHER PROCESSING NECESSARY,	18	7534	9134	1600	
				PLEASE CHECK FOR CLAIM ON					
				FUTURE RA'S.					
		8599	24	DETAIL NOT COVERED BY COMBINAT					
	<del> </del>			ION OF RECIPIENT, PROVIDER AND					
	1			BENEFIT PACKAGE.					
404932	RANDOLPH/SANDHI	8505	251	CLAIM DENIED DUE TO INSUFFICIE					
	LLS CO MH C	-		NT BUDGET					
	<del> </del>								
		11	48	CLIENT NOT ELIGIBLE ON SERVICE	0	337	337	0	
				DATE					
	1	8800	38	FURTHER PROCESSING NECESSARY,					
	t and the second			PLEASE CHECK FOR CLAIM ON					
				PLEASE CHECK FOR CLAIM ON					
				FUTURE RA'S.					

	T			T	I .			
PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma.	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	PROVIDER NAME		-		DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT	8505	1232	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
	it tolt mij bb							
		8800	112	FURTHER PROCESSING NECESSARY,	13	1458	1648	19
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	42	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
2404024		11	40	OLITHUM NOW BY TOTALL ON GRAVITOR				
3404934	ONSLOW COUNTY B	11	40	CLIENT NOT ELIGIBLE ON SERVICE				
	EHAVIORAL H			DATE				
		8505	32	CLAIM DENIED DUE TO INSUFFICIE		400		400
		0303	32	NT BUDGET	U	126	554	42
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
3404936	WILSON-GREENE M	8505	1799	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		4.4		CLIENT NOT ELIGIBLE ON SERVICE				
		11	20	DATE	2	1849	2690	841
				DATE				
		120	13	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404937	EDGECOMBE NASH	8505	156	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY,	0	337	1982	164
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		5404	55	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404938	RIVERSTONE MENT	120	87	CLIENT ID NUMBER MISSING OR IN				
	AL HEALTH C			VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
	1	8599	47	DETAIL NOT COVERED BY COMBINAT				
		0033	* /	ION OF RECIPIENT, PROVIDER AND	15	170	453	283
				BENEFIT PACKAGE.				-
	+	1						1
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE				
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8931	10					
		8931	10					
3404939	NEUSE MENTAL HE	8931	10					
3404939	NEUSE MENTAL HE ALTH CENTER			RVICES IN IPRS.				
3404939	NEUSE MENTAL HE			RVICES IN IPRS.				
3404939		21	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM				
3404939				RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT	11	3143	13340	10199
3404939		21	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	11	3143	13340	10199
3404939		21	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT	11	3143	13340	10195
3404939		21 8599	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	11	3143	13340	10199
3404939		21	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS	11	3143	13340	1019
3404939		21 8599	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	11	3143	13340	1019
3404939		21 8599	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS	11	3143	13340	10199
	ALTH CENTER	21 8599 8526	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	11	3143	13340	1019:
	ALTH CENTER	21 8599	2658	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE	11	3143	13340	10199
	ALTH CENTER	21 8599 8526	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	11	3143	13340	1019
	ALTH CENTER	21 8599 8526	2658	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE	11	3143	13340	1019
	ALTH CENTER	8599 8526 8505	2658	RVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  TON OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS  T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	11			
	ALTH CENTER	21 8599 8526	2658	EVICES IN IPRE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM CENTED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM CENTED, UNITS BILLED MUS T BUDGET  CLAIM DENIED DUE TO INSUFFICIE  WITH BUDGET  CLIENT ID NUMBER MISSING OR IN	11	3143	13340	
	ALTH CENTER	8599 8526 8505	2658	EVICES IN IPRS.  DUFLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT	11			
	ALTH CENTER	8599 8526 8505	2658	EVICES IN IPRE.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM CENTED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM CENTED, UNITS BILLED MUS T BUDGET  CLAIM DENIED DUE TO INSUFFICIE  WITH BUDGET  CLIENT ID NUMBER MISSING OR IN	11			
3404939	ALTH CENTER	8599 8526 8505	2658 113 108 321	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM	11			
	ALTH CENTER	8599 8526 8505	2658	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  CLIENT ID NUMBER NOT ON STATE	11			
	ALTH CENTER	8599 8526 8505	2658 113 108 321	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT ID NUMBER MISSING OR IN VALID, ENTER CID AND SUBMIT AS A NEW CLAIM	11			
	ALTH CENTER	8599 8526 8505	2658 113 108 321	EVICES IN IPRS.  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM  CLIENT ID NUMBER NOT ON STATE	11			

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0505						
3404942	ROANOKE CHOWANH	8505	693	CLAIM DENIED DUE TO INSUFFICIE				
	UMAN SERVIC			NT BUDGET				
		8599	266	DETAIL NOT COVERED BY COMBINAT				
		0399	200	ION OF RECIPIENT, PROVIDER AND	2	1048	1384	336
				BENEFIT PACKAGE.				
				DANIEL LA LITERAGE.				
		11	43	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404943	ALBEMARLE MENTA	11	228	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		8599	42	DETAIL NOT COVERED BY COMBINAT	12	370	2168	1798
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	34	DUPLICATE OF CLAIM-SYSTEM				
			, and the second					
3404944	EASTPOINTE HUMA	21	126	DUPLICATE OF CLAIM-SYSTEM				
	N SERVICES							
		8505	101	CLAIM DENIED DUE TO INSUFFICIE	33	338	9129	8781
				NT BUDGET				
		0500	20	DESTI NOT COMPAND BY COMPAND				
		8599	39	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII FACAGE.				
3404946		11	565	CLIENT NOT ELIGIBLE ON SERVICE				
3404340	FOOTHILLS AREAM	11	303	DATE				
	ENTAL HEALT			M44.4				
	ENTAL HEALT			MAAA				
	ENTAL HEALT	0	0					45
	ENTAL HEALT	0	0	1000	0	565	580	15
	ENTAL HEALT	0	0		0	565	580	15
3404957		0	0	CLAIM DENIED DUE TO INSUFFICIE	0	565	580	15
3404957	TIDELAND MENTAL	0 8505	0	CLAIM DENIED DUE TO INSUFFICIE	0	565	580	15
3404957		0 8505	0 2943		0	565	580	15
3404957	TIDELAND MENTAL	0 8505	2943	CLAIM DENIED DUE TO INSUFFICIE	G	565	580	15
3404957	TIDELAND MENTAL	0 8505	2943	CLAIM DENIED DUE TO INSUFFICIE	0	565	580	15
3404957	TIDELAND MENTAL			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0			
3404957	TIDELAND MENTAL			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0			
3404957	TIDELAND MENTAL	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.	0			
3404957	TIDELAND MENTAL			CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,	0			
3404957	TIDELAND MENTAL	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0			
3404957	TIDELAND MENTAL	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,	0			
	TIDELAND MENTAL HEALTH CTR	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0			
3404957	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0			
	TIDELAND MENTAL HEALTH CTR	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0			
	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0			
	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0	2970		
	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.	0			
	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY,  PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.		2970		
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HLTH CT	8599 8800 0	11 0 0	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***	0	2970		
	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***	0	2970		
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HLTH CT	8599 8800 0	11 0 0	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***	0	2970		
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0	11 0 0	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***	0	2970		
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0 0	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF PECIFIENT, PROVIDER AND BENEIT PACKAGE.  FURTHER PROCESSARY, PLEASE CHECK FOR CLAIM ON FUTURE PA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET	0	2970	3074	0
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0	11 0 0	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,	0	2970		
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0 0	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	2970	3074	0
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0 0	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON  FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY,	0	2970	3074	104
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0 0 8505	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2970	3074	104
3404959	TIDELAND MENTAL HEALTH CTR  DAVIDSON CO MEN TAL HITH CT	8599 8800 0 0	13	CLAIM DENIED DUE TO INSUFFICIE  NT BUDGET  DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.  *** NO DATA TO REPORT ***  CLAIM DENIED DUE TO INSUFFICIE NT BUDGET  FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	2970	3074	104